

**UTILITY PATENT APPLICATION
TRANSMITTAL**
(under 37 CFR 1.53(b))

Docket No.	P06505US06/RFH
1 st Inventor	WALSH
Title	METHOD FOR VERIFICATION OF A PATIENT AND OF A MEDICAL TREATMENT TO BE DELIVERED TO THIS PATIENT

15951
U.S.
PTO
07/28/03

10/627/03
03807 U.S. PRO
07/28/03

APPLICATION ELEMENTS

Fee Transmittal (FEE CALCULATION below)
 Applicant claims small entity status
 Specification [total pages = 56]
 Drawings [total sheets = 13]
 Oath or Declaration [total sheets = 1]
..... Newly executed (original or copy)
 Copy from prior appl. (for cont./div.)

ACCOMPANYING APPLICATION PARTS

..... Application Data Sheet
..... Assignment Papers (cover sheet + document(s))
..... Information Disclosure Statement
..... Preliminary Amendment
..... Certified Copy of Priority Document
 Return Receipt Postcard
 Petition to Make Special

X CONTINUING APPLICATION-check box below-must claim benefit of parent via Pre. Am., Appl Data Sheet or in Spec.

This is a Continuation Divisional Continuation-in-Part
of: Prior Appl. No.: 10/166,167 Examiner: A. Sanders Art Unit: 2876

FOR CONTINUATION or DIVISIONAL APPLICATIONS ONLY: The entire disclosure of the prior appl., from which an oath or declaration is supplied above, is considered a part of the disclosure of the accompanying cont. or div. appl. and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted for the submitted appl. parts.

FEES CALCULATION and notations

	NOW	Basic Number	Present Extra	Rate	\$
<input checked="" type="checkbox"/> TOTAL CLAIMS	9	- 20	0	X \$ 18 =	
<input checked="" type="checkbox"/> INDEP. CLAIMS	1	- 3	0	X \$ 84 =	
.....				+ \$ 280 =	
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM(S)					
<input checked="" type="checkbox"/> X				BASIC FILING FEE \$ 750 =	750
.....				TOTAL OF ABOVE CALCULATIONS =	750
<input checked="" type="checkbox"/> X Reduction by 1/2 for small entity status of applicant				-	375
.....				SUBTOTAL =	375
<input checked="" type="checkbox"/> X Fee for Petition to Make Special					130
				TOTAL OF ALL FEES =	505.00

No check is enclosed, and no charge should be made to our account.

A check in the amount of \$505.00 is enclosed. If no check or an insufficient check is enclosed and a fee is due in connection herewith, the Commissioner is authorized to charge any fee or additional fee due in connection herewith to Deposit Account No. 12-0555.

CORRESPONDENCE ADDRESS

Customer Number: 00881

Responsible Attorney: Ross F. Hunt, Jr.

Registration No.: 24,082

Telephone No.: 703-739-4900

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Signature of
Filing Attorney

Date: July 28, 2003

Filing Attorney: Ross F. Hunt, Jr.

Registration No.: 24,082